

**Wyoming Department of Health
Office of Healthcare Licensing and Surveys
400 Qwest Bldg., 6101 Yellowstone Rd.
Cheyenne, WY 82002**

Fax: (307) 777-7127 – Telephone: (307) 777-7123

E-mail: WDH-OHLS@health.wyo.gov - Website: <http://wdh.state.wy.us/ohls>

*Office of Healthcare Licensing
and Surveys Use Only
Project No.:*

Healthcare Facility Final Plan Review Application and Project Information Form

The following information is requested to assist in the project review. Please complete this form as accurately as possible and return it to the Office of Healthcare Licensing and Surveys at the above address – along with your final plans.

LICENSURE INFORMATION:

If the facility is currently licensed, complete the information requested below:		If the facility is to be newly licensed complete the information requested below:	
Existing Licensed Facility		Proposed New or Relocated Facility	
Name:		Name:	
Street & Suite #:		Street & Suite #:	
City/Town Zip Code:		City/Town Zip Code:	

PROJECT TYPE:

- | | |
|--|--|
| <input type="checkbox"/> New Facility* | <input type="checkbox"/> Add Outpatient Satellite to Hospital* |
| <input type="checkbox"/> Addition to Existing Facility | <input type="checkbox"/> Relocate Satellite to Hospital* |
| <input type="checkbox"/> Renovation to Existing Facility (If a relocation of services, plans with information on the displaced services must also be submitted.) | |
| <input type="checkbox"/> Other | |

BED CHANGES:	# Increase:		# Decrease:		<input type="checkbox"/> No Change
--------------	-------------	--	-------------	--	------------------------------------

* Is this project located on the premises of another separately licensed entity? ☐ Yes ☐ No
If yes, please indicate the name of the other licensee:

* Will the proposed facility site share functional areas or services with another entity (licensed or unlicensed)?
☐ Yes ☐ No If yes, explain the functional program.

Licensee/Applicant's Contact Person:		Architect's Contact Person:	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Fax:		Fax:	
E-Mail:		E-Mail:	

Signature of Applicant: _____ **Date:** _____